



## Certified Durable Medical Equipment Specialist (CDME™) Application

| Personal Information   |                        |                              |   |
|--|------------------------|------------------------------|---|
| First Name   | Last Name              | Middle Initial               | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F                             |
| Street Address   |                        | Apartment Number             |   |
| City   | State                  | Zip Code                     | Country   |
| Email  | Telephone Number       |                              | Mobile Number   |
| Date of Birth (mm/dd/yyyy)   | Social Security Number |                              | Preferred Mailing Address<br><input type="checkbox"/> Home <input type="checkbox"/> Work    |
| <input type="checkbox"/> Please exclude my contact information from distribution to third parties.   |                        |                              | Date  |
| <input type="checkbox"/> Please exclude me from the online BOC Practitioner and Facility Directory.  |                        |                              |   |
| Professional Information   |                        |                              |   |
| Current Professional Credentials (examples: BOCO, BOCP, COF, etc.)   |                        |                              |   |
| Company Name   |                        | Name of Immediate Supervisor |   |
| Street Address   |                        | Suite Number                 |   |
| City   | State                  | Zip Code                     | Country   |
| Telephone Number   |                        | Fax Number                   | Is this an accredited facility?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education and Experience Requirement   |                        |                              |   |
| I have a minimum of 500 hours (approximately 13 weeks of full-time work) of documented work experience in DME and a high school diploma (or equivalent).<br><br><b>Please keep a notarized letter of attestation from your supervisor readily available. BOC performs random audits, and evidence of requirements must be available. Failure to document requirements may result in revocation of certification.</b> |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Questionnaire  |                        |                              |   |
| Have you been named as a defendant in a professional liability suit during the past five years?  |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Any professional practice judgments or settlements against you in the past five years?   |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Has your professional certification/license ever been affected negatively by any agency?   |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Have you ever been convicted of one or more felonies?  |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Has Medicaid or any other medical plan ever brought charges against you for any reason?  |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Has your professional liability coverage ever been restricted, limited, denied, or denied renewal?   |                        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| <b>If you answered "Yes" to any of the above, please enclose an explanation on a separate sheet.</b>   |                        |                              |   |

**Attestation**

I attest that the information reported on this application, and in all accompanying documentation, is true and accurate to the best of my knowledge.

Applicant Signature

**Exam Information**

BOC's testing provider, **PSI Services**, will send you information for taking your examination by mail and email.

**Certification Fees**

|                        |        |  |
|------------------------|--------|--|
| Application (required) | \$ 50  | Take your <b>multiple-choice</b> exam on <b>any business day of the year</b> (and some weekends, too).<br><br>Plus, receive your <b>results instantly</b> as you walk out of the testing facility! |
| Multiple Choice Exam   | \$ 100 |  |
| <b>PAYMENT AMOUNT</b>  |        |  |

|   |   |                 |
|---|---|-----------------|
| <b>Credit Card Payment</b><br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express | <b>Check Payment</b><br><input type="checkbox"/> Check (enclosed) | Check Number    |
| Credit Card Number  | Security Code   | Expiration Date |
| Billing Address   |   |                 |
| City  | State   | Zip Code        |
| Name as it appears on card  | Cardholder Signature  |                 |

The issuer of the card identified on this form is authorized to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order, or credit card payment with an additional fee of \$35.00 to cover the returned check processing fee. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.

**You may email or fax this application and documentation to:**

[cert@bocusa.org](mailto:cert@bocusa.org)  
410.581.6228

**Or, mail completed application and documentation to:**

Board of Certification/Accreditation  
Attention: Certification Department  
10461 Mill Run Circle, Suite 1250  
Owings Mills, Maryland 21117